

LLI EXPENSE REIMBURSEMENT FORM

|  |  |
| --- | --- |
| Invoice No.: |  |
| Purchase Order No.: |  |
| Purchasing Manager: |  |
| Date: |  |

***Form is used to request reimbursement for NON-TRAVEL expenses.*** *Contact LLI Treasurer or WCC Liaison Angela Way at 630 466-2941 or via email at* *away@waubonsee.edu* *if you have any questions.*

|  |
| --- |
| **REQUESTOR** |
| **Requestor:** | **Purchase Date:** |
| **Requisition Number:** |

|  |
| --- |
| **NAME OF PERSON TO BE REIMBURSED** |
| **Name:** | **X #:** |
| **Amount to be Reimbursed:** |
| **Purpose for Reimbursement:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION** | **U/M** | **QTY** | **UNIT PRICE** | **TOTAL COST** |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
|  |  |  |  | 0.00 |
| ***Send completed form with backup documents to Liaison, Angela Way. Enclose detailed/itemized receipts and supporting documentation (event flyer, etc.) in an envelope with this form. Please do not staple or tape receipts to this form.*** | **TOTAL:** | 0.00 |

Below is for WCC-Purchasing Dept. use only:

~~-----------------------------------------------------------------------------------------------------------------------------------------------------------~~

*Administrative Signature (Community Engagement) Date*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FUND** |  | **ORG.** | **ACCOUNT** | **PROGRAM** | **ACTIVITY** | **LOCATION** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

FN0031\_rev 12/21/2023